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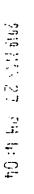
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
. (Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Telecon Infra	structure Corp
Name of corpor	ration - must include suffix
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," I Standing" and check are submitted to register the usiness in Florida.
Please return all correspondence concerning this n	natter to the following:
Laura Donelan	
Nan	ne of Person
Firm	/Company
Dunedin FL 3469 City/St ladonelan 2 telecon E-mail address: (to be telecon	Addrage
	a d
Dunedin FL 346	9 V
City/si	are and Zip code
E-mail address: (to be u	ised for future annual report notification)
For further information concerning this matter, ple	
Lawra Donelan at (80) Name of Person Area	15 721.2618
Name of Person Area	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Tele	com Infrastructu	re Corp	
	rporation; must include "INCORPORATI rp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	
(If name unavailab	ole in Florida, enter alternate corporate na	me adopted for the purpose of transacting b	usiness in Florida)
2. New	York	3. 13·3373776 (FEI number, if applie	,
4. 9	125/1986	5(Date of duration, if other tha	
(Date o	of incorporation)	(Date of duration, if other tha	n perpetual)
6.	April 1,2019		
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	•
7. 3 <i>2</i> 04	Rt 22 Patters	on 14 12563	
		incipal office address)	
	(Current m	nailing address, if different)	
8. Name and street	address of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)	٠. د.
Name:	Laura Donela		
Office Address:	Laura Donelas 175 Lakeside T.		9119 HE 127
	Dunedin (City)	Florida 34698	٠٠.
	(City)	(Zip code)	: ::
O Desistand again	** ¹ 0 00000\$0000		24 H: 01
9. Registered age: <i>Having been name</i>		service of process for the above stated c	شه
designated in this o	application, I hereby accept the appo	intment as registered agent and agree	to act in this capacity.
		tes relative to the proper and complete ns of my position as registered agent.	performance of my
	min weeps me weighten	in of my promiser an regime is a agenti-	
	Lamardul	ب	
	(Registe	red agent's signature)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Edward Donelan Address: 775 Lakeside Dr Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** President: Edward Donelan Dunedin, FL 34698 Vice President: Secretary: Address: ______ Treasurer: Address: NOTE: 16--NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Edward Donelan

(Typed or printed name and capacity of person signing application)

State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of TELECOM INFRASTRUCTURE CORP. was filed on 09/25/1986, under the name of COM CON INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment COM CON INC., changing its name to TELECOM INFRASTRUCTURE CORP., was filed 12/03/1998.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 12th day of March two thousand and nineteen.

Whitney Clark

Deputy Secretary of State

Who may Clark